

UNITED STATES BANKRUPTCY COURT
EASTERN AND WESTERN DISTRICTS OF ARKANSAS

In re)

)	
)	Case No.
)	
Debtor(s))	Chapter
)	
Address:)	
)	STATEMENT OF SOCIAL
)	SECURITY NUMBER(S)
Last four digits of Social Security No(s):)	
all of Employer's Tax Identification No(s) [if any]:)	
)	
)	

1. Name of Debtor:

(Last, First, Middle)

(Check the appropriate box and, if applicable, provide the required information)

Debtor has a social security number and it is:

(If more than one, state all)

Debtor does not have a social security number.

2. Name of Joint Debtor:

(Last, First, Middle)

(Check the appropriate box and, if applicable, provide the required information)

Joint Debtor has a social security number and it is:

(If more than one, state all)

Joint Debtor does not have a social security number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor

Date

Signature of Joint Debtor

Date

*** Joint Debtors must provide information for both spouses**

PENALTY FOR MAKING A FALSE STATEMENT: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571